

$oldsymbol{P}$ lease print or type the followii	ng information:	
NAME		
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BUSINESS NAME AND ADDRES	S	
BUSINESS TELEPHONE		
SUPERVISORS NAME		
SOCIAL SECURITY NUMBER		
Please send me an application	packet for certification/licensure as an alco	ohol and drug abuse counselor:
	ounseling. or \$165.00 made out to the Board of Exam Drug Abuse Counselor. <u>ALL FEES ARE NC</u>	
TYPES OF FEES	INTERN CERTIFICATION	CERTIFICATION OR LICENSURE
REQUEST FOR APPLICATION FINGERPRINTS	\$165.00 DUE WITH THIS REQUEST	\$165.00 DUE WITH THIS REQUEST
convictions, indictments, suspens substance abuse counseling until	be required to provide the Board with any arguments or revocations. If you have any contapproved by the Board. An individual on particle in time as they have finished and have been	nvictions, arrests or etc. you cannot do ole or probation will not be considered for
625 F <i>A</i> CARS0 775-88	T: DOF EXAMINERS FOR ALCOHOL, DRUG NIRVIEW DR, SUITE 124 DN CITY, NV 89701 4-8922 egistration packet as indicated above.	AND GAMBLING COUNSELORS
Thereby request the certification/it	sgistiation packet as indicated above.	
Signature	Date:	

Training Materials: The following are recommended: "The Basics of Addiction Counseling Independent Study Guide" & "The Substance Abuse Professional's U.S. DOT Alcohol & Drug Testing Regulation Qualification Course" are available from NAADAC (1-800-548-0497); the TAP 21 Reference Guide is available free from the Nevada Prevention Resource Center at 775-784-6336. (Please refer to the references listed in the back of the TAP 21 for additional study materials). Other resources listed under frequently asked questions on the Boards website.

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